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Patterns of Family Recreation in Families that Include Children with a Developmental Disability

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Grounded in the naturalistic paradigm, the present exploratory study employed survey ($n = 65$) and interview ($n = 16$) methods to examine patterns of family recreation in families including children with developmental disabilities. Statistical analyses were conducted on the quantitative data, while a key theme and constant comparative method was used to analyze the qualitative data. Three patterns (all family, sub-unit, and equal combination) were identified as characteristic of the family recreation of the families included in this study. The sub-unit pattern predominated and typically involved mothers in activities with their children with a developmental disability or all of their children. Furthermore, family recreation was family-initiated, informal, and occurred with equal frequency in home and community settings. Variations in patterns of family recreation associated with child (e.g., age, birth order) and family (e.g., income, employment status) specific characteristics were also presented.

KEYWORDS: *Family recreation, patterns, developmental disability*

Introduction

A popular belief within Western cultures, one advanced by the recreation and leisure profession, is that a "family that plays together stays together" (Orthner & Mancini, 1990). Supporting this belief, numerous studies indicate that family recreation contributes, sometimes negatively but more often positively, to family relationships and overall satisfaction with the quality of family life (Hill, 1988; Holman, 1981; Holman & Jacquart, 1988; Orthner, 1975; Orthner & Mancini, 1980; Palisi, 1984). In fact, in a national study involving over 300 self-described "happy" families, "doing things to-

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gether” was identified as one of the key determinants of their success (Stinnett, Sanders, DeFrain, & Parkhurst, 1982).

Beyond having positive impacts on the overall quality of family life, family recreation carries special significance for children because, for most, this constitutes their first exposure to recreation. Interacting with other family members—siblings, parents, grandparents, aunts, and uncles—provides a context where children begin to acquire the skills (social, physical, and recreation) and develop the interests that have the capacity to influence, positively and/or negatively, their lifelong interest and involvement in recreation (Horna, 1989).

While it is tempting to acknowledge family recreation as a beneficial force within the lives of families and their individual members, the supporting research has several substantive limitations (Holman & Epperson, 1984). Of particular concern is the extremely narrow range of families and family types that have been considered in studies of family recreation (Orthner & Mancini, 1990). One casualty of this limitation is our knowledge about the potential contribution of family recreation to the life experiences of families that include children with developmental disabilities. This is a significant oversight, which underscores the need for greater knowledge about these families and their recreation.

The Context: Families That Include Children with Disabilities

Historically, a large proportion of children with developmental disabilities did not reside within their families' homes (Landesman & Vietze, 1987). Institutionalization was the norm, which typically afforded little opportunity for contact between these children and their families. This began to change 30 years ago with the emergence of the principle of normalization. Normalization is the philosophical cornerstone of movements aimed at furthering the rights of people with disabilities to experience, to the fullest degree possible, culturally normative conditions of life (Perrin & Nirje, 1985; Wolfensberger, 1972). Since that time, normalization in tandem with a range of supporting legislation has resulted in significant increases in the number of individuals, particularly children with developmental disabilities, who live with their families (Landesman & Vietze, 1987; Turnbull & Turnbull, 1990).²

An outgrowth of this movement to community living has been the recognition that traditional definitions of what constitutes a family (i.e., two-parents with biological children) must be extended to better accommodate the diverse family experiences of children with developmental disabilities (Landesman & Vietze, 1987). While many of these children live in nuclear families—with their biological parents and siblings—many do not. Some live in single-parent homes, some live in adoptive homes, and others have live in what has been described as a “series of families of residence” (Landesman

²Examples of supporting legislation include: PL 94-142, Education for All Handicapped Children Act, 1975; PL 99-457, Education of the Handicapped Act Amendments of 1986, Part H: Handicapped Infants and Toddlers Program; PL 102-336, Americans with Disabilities Act, 1990.

& Vietz, 1987, p. 62). In other words, family for some of these children has come to mean a series of foster placements which may or may not culminate in permanent adoptive homes. In an effort to accommodate this diversity of family compositions, some researchers in the area of disability have suggested that family be defined as a "social group with whom one resides" (Landesman & Vietz, 1987, p. 61). Thus, rather than defining family in terms of blood kinship or marital status, a family would consist of the persons who share one living unit or residential space.

Research interest in a number of other disciplines also has accompanied the trend toward maintaining children with disabilities in their family homes. For the most part this research has not explicitly examined family recreation. What has been done, typically focuses on recreation as a potential mechanism for coping with the increased pressures that at times may accompany the presence of a child with a disability.³ For example, in a study of families with children who have spina bifida, Nevin and McCubbin (1979) reported that an active "recreation orientation" was, among other things, a useful means for reducing family stress. Similar findings also have been reported in studies of families that include children with autism and mental retardation (Blacher, 1984).

Another aspect of recreation that has become the focus of increasing attention, particularly within the community therapeutic recreation field, is the involvement of children with disabilities in integrated community recreation programs and services (Schleien & Ray, 1988). Much of this attention has centered on the benefits individuals with and without disabilities derive from participation in integrated community recreation programs. These benefits include important factors that contribute to the overall enhancement of life quality (Schleien, Green, & Heyne, 1993; Schleien & Ray, 1988). This evidence, while suggesting the powerful and positive role of recreation in the lives of people with disabilities, provides little insight regarding recreation within these individuals' families.

Despite having a limited understanding of recreation within families that include children with disabilities, it has been noted that these families are pivotal in providing recreation activities and opportunities for their children—particularly if their child has a developmental disability (Rynders & Schleien, 1991; Schleien, Cameron, Rynders, & Slick, 1988). Recognizing this, researchers have started to generate strategies for facilitating greater collaboration between families, care providers, and service delivery systems (Schleien, Green, & Hayne, 1993; Schleien, Heyne, Rynders, & McAvoy, 1990; Rynders & Schleien, 1991).

In summary, the leisure literature suggests two compelling reasons for considering family recreation, as it naturally occurs, in families that include children with developmental disabilities. First, from studies of families that

³Unfortunately, much of the research in this area has been guided by the assumption that a "family with a child who has a disability is a family with a disability" (Glidden, 1993, p. 482). While in some cases this assumption may be true, it also must be noted that many families respond positively to the presence of a child with a disability (Blacher, 1984; Glidden, 1993).

do not include children with disabilities, it has been noted that a strong relationship exists between family recreation experiences and "healthy and happy" family lives (Orthner & Mancini, 1990). Second, the therapeutic recreation literature suggests that initiating and sustaining the involvement of children with developmental disabilities in home, school, and community recreation environments are largely dependent on the support and effort of these children's families (Schleien et al., 1993). One approach to gaining such support is to provide school and community recreation programs that are based on the identified interests, needs, and experiences of families that include children with developmental disabilities. Facilitating this type of responsive programming (i.e., applied knowledge) is contingent on an in-depth understanding (i.e., basic knowledge) of family recreation as it naturally occurs within these families.

Previous Literature on Patterns of Family Recreation

A substantial body of literature focuses on family recreation (Holman & Epperson, 1984; Kelly, 1982; Orthner & Mancini, 1990; Rapoport & Rapoport, 1975). Given the absence of literature pertaining to families that include children with disabilities, the general (i.e., nondisability) family recreation research was reviewed in an effort to provide a basis for (a) formulating initial insights into potential patterns of family recreation, and (b) comparing the findings of the present study.

Patterns of family recreation. Using family life cycle as a predictor, a number of researchers have found that marriage and parenthood results in a shift from shared marital activities to child centered family recreation patterns (Horna, 1989; Kelly, 1982). This focus was reported to continue "well into the child's school career," and then gradually decreases to one-parent and child interactions, before finally culminating in a more individualized recreation pattern (Horna, 1989, p. 233).

Another consistently reported finding suggests that, while some activities take place in community settings, the majority of family recreation occurs within the home and involves several, if not all, family members (Holman & Epperson, 1984; Orthner & Mancini, 1990; Scheuch, 1960). This finding was noted to vary, however, when controlling for the employment status of parents. For example, one study found that one-spouse working families were much more "home-focused" in their recreation, while dual-career families were more "outer-focused" (United Media, 1982). In studies of both types of families, males have been found to engage in non-family related recreation more frequently than females (Horna, 1989).

Furthermore, women working in the home were found to assume greater responsibility for organizing family recreation activities than did women employed outside the home (Holman & Epperson, 1984; United Media, 1982). Regardless of their employment status, women were more likely to enact family recreation than were males (Horna, 1989). Additionally, from research focusing on gender differences, it has been noted that moth-

ers may not perceive involvements with their children as "true" leisure experiences (Freyssinger, 1993; Henderson, 1990; Shank, 1986). Instead, mothers' activities with their children were often viewed as extensions of parental role responsibilities, therefore, rendering these experiences enjoyable but more like work than leisure.

Beyond being concerned with where and with whom activities take place, recreation patterns have been used to describe the level of interaction that activities facilitate. This was investigated by several researchers who were less interested in the nature of family recreation, than in determining how patterns of involvement influenced marital satisfaction, interaction, and stability (cited in Holman & Epperson, 1984).

Orthner (1975) provided the most comprehensive assessment in which the patterns of family recreation were described as being individual, parallel, and/or joint. Individual activities were operationally defined as those that family members pursue alone or with non-family members, either within the home or community. When these were the predominant patterns of a family's recreation they were found to have a negative affect on family functioning. Parallel activities have been described as those that occur within the family, in shared time and space, but do not include substantial amounts of interaction (e.g., watching television or movie going). These were found to have a minimal correlation with the quality of family life. Joint or shared family recreation patterns involved the marital dyad and were assumed to include other family members. These activities were found to have the greatest impact on family satisfaction, interaction, and stability.

In summary, the preceding discussion provides an overview of what is known about patterns of recreation in families that do not include children with developmental disabilities. The present study seeks to extend this understanding by considering patterns of shared recreation in families that include children with disabilities.

Purpose of the Study

The importance of understanding family recreation is alluded to in leisure research and therapeutic recreation literature. Both disciplines, however, have yet to consider family recreation in families that include children with developmental disabilities. As a step towards addressing this gap in understanding, a comprehensive exploratory investigation was undertaken to examine a variety of issues related to family recreation (e.g., patterns, forms, benefits, constraints). Drawn from this larger study, the present work focuses on patterns of family recreation in families that include children with a developmental disability.⁴ Specifically of interest was (a) who are the partici-

⁴Family recreation: Also referred to as 'shared recreation' was defined in the study as: "Any activity (or activities) that two or more members of the same household enjoyed participating in together. Participation in these activities could occur anywhere and could be spontaneous play activities and/or formally organized engagements." This definition was used to guide parents' thinking about family recreation without precluding the possibility of family-by-family vari-

pants in family recreation, and (b) where does family recreation occur? Additionally, selected family (e.g., family composition, education, employment) and child (e.g., age, sex, birth order) characteristics were explored as potential influences on patterns of family recreation.

Method

Research Design

Grounded in the naturalistic paradigm, the present study operated under the assumption that people's perceptions and experiences shape their world view and, as such, produce "multiple constructions of reality" (Henderson, 1991; Merriam, 1988; Patton, 1990). Thinking about knowledge in this way has been noted as particularly important when the intention of research is to enhance understanding of the meaning of phenomena within their naturally occurring contexts (Bullock, 1993; Henderson, 1991; Patton, 1990). Additionally, the naturalistic paradigm is flexible in that it allows emerging insights and information to be integrated into the design as the research evolves.

Another aspect of the research design that warrants consideration is the extent to which it is appropriate to use approaches that traditionally are thought of as quantitative methods (e.g., survey) in a study grounded in a naturalistic framework—as was done in the present research. Although not universally accepted, there is increasing support for the notion that qualitative and quantitative methods are not mutually exclusive research strategies (Bullock, 1993; Firestone, 1987; Henderson, 1991; Merriam, 1988; Patton, 1990). In other words, both qualitative and quantitative data can be collected in the same study. Doing so reflects a methodological decision and, as such, is not necessarily indicative of the assumptions underlying the investigation (Merriam, 1988).

Having said this, there has been considerable debate among philosophers of science about the extent to which positivist methods of data collection and analysis can be used in conjunction with qualitative methods. From a traditional, purist perspective, method and paradigm are inextricably linked (Smith & Heshusius, 1986). Others, however, have articulated a less rigid and more pragmatic stance that suggests an "instrumental relationship between paradigm and methods" (Firestone, 1987, p. 16). Departing from

iations in meaning. Family: In an effort to reflect the diverse family experiences of many people with developmental disabilities, family was conceptualized in the present work as "a social group with whom one resides" (Landesman & Vietze, 1987, p. 61). Developmental Disability: Although no standardized assessment of disability was used in the study, the children all carried the diagnostic label "developmental disability;" which is defined as a severe and chronic disorder involving mental and/or physical impairment that originates before age 22. Such a disability is likely to persist indefinitely, and will cause substantial functional limitation in at least three of the following seven areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.

this perspective, Guba (1987) advocated a distinction between method and paradigm as follows: "One can use both quantitative and qualitative techniques in combination whether the paradigm of orientation is . . . naturalistic or traditional. However, no possibility exists that there can be an accommodation at the paradigm level" (p. 31). Concurring with Guba, Kidder and Fine (1987) stated: "There is nothing mysterious about combining quantitative and qualitative measures. This is, in fact, a form of triangulation that enhances the validity and reliability of one's study" (p. 72). Subscribing to similar views, others have simply ignored the philosophical tussle and proceeded to combine methods as dictated by the needs of the research (Marshall & Rossman, 1989; Miles & Huberman, 1984).

Clearly, there are competing perspectives regarding the appropriateness of utilizing methods that produce qualitative and quantitative data within a single study. A cursory examination of recent research in a variety of disciplines (e.g., education, sociology, leisure), however, suggests that the "traditional purest" stance of the incompatibility of qualitative and quantitative methods is being increasingly challenged by those who adhere to a more pragmatic approach. That is, there appears to be growing recognition of the value of a "paradigm of choices" approach, which "rejects methodological orthodoxy in favor of methodological appropriateness as the primary criterion for judging methodological quality" (Patton, 1990, p. 39).

Based on these arguments, mixed or multiple data collection approaches (producing both quantitative and qualitative data) were used in the present study. This was done on the basis that it: (a) was appropriate given the purpose of the research and the questions under consideration; (b) enhanced the internal validity of the study (triangulation); and (c) provided a greater breadth and depth of information than otherwise would have been possible (Patton, 1990).

Approaches to Collecting Data and Identifying Participants (Families)

A survey and interviews were the principal sources of information in this study. Additionally, field notes kept in the form of reflective memos were used as a means of recording the researcher's thoughts as the study unfolded (Strauss & Corbin, 1990).

The survey, developed by the principal author, was intended to provide a breadth of information. This was accomplished by asking open and closed response format questions that addressed, among other issues, where and with whom family recreation transpired (see Table 1 for sample questions). These questions were based on information derived from a review of past literature related to family recreation and the researchers' experiences with families that include children with a developmental disability.

A four stage process was instituted to assess the validity and reliability of the survey. A panel with expertise in a variety of areas (recreation, disability, educational psychology, families, survey construction) scrutinized the validity of the survey items. Reliability was determined using a test-retest

TABLE 1
Sample Survey Questions

1. For each of the statements below, please check (✓) the box that best describes who most often participates in your family's "family recreation."	Most of the time	Some of the time	Seldom	Never
Only the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One parent and child without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One parent and child with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One parent and all of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both parents and child without a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both parents and child with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both parents and all of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both parents, but none of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In your "family recreation" that involves one parent and one or more of the children, which parent most often participates (please check [✓] only one box)?				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Father				
<input type="checkbox"/> Equally by both parents				
<input type="checkbox"/> Other: Please explain				
3. Who most often participates in your family's "family recreation" (please check [✓] only one box)?				
<input type="checkbox"/> Two or more, but not all, family members				
<input type="checkbox"/> All family members				
<input type="checkbox"/> An equal combination of "two or more" and "all" family members				
<input type="checkbox"/> Other: Please specify.				
4. Where does "family recreation" that involves all members of your family most often take place (Please check [✓] only one box) (Note: a similar question was asked regarding smaller family units, i.e., related to question 1)				
<input type="checkbox"/> At home				
<input type="checkbox"/> In the community (e.g., recreation center, swimming pool, parks, library, church)				
<input type="checkbox"/> A combination of "at home" and "in the community"				
<input type="checkbox"/> Other: Please specify				

method, whereby a small group of families ($n = 9$; non-study participants) completed the survey twice over a 3-week interval. The closed response items achieved an overall reliability coefficient of .92, while responses to the open-ended questions were coded and independently compared by two individuals who were in 100% agreement that the answers provided the second time the survey was completed were consistent with the first.

Using the mailing lists provided by three service organizations (a school, an advocacy organization, and a parent support group), the survey was sent

to a non-randomly selected group of families ($N = 118$) in a large urban center in the upper Mid-west.⁵ A three-step variation of Dillman's total design method (Dillman, 1978) was used to distribute the surveys. Sixty-five families completed and returned surveys that could be used (55% response rate).

In addition to collecting information about family recreation, the survey invited families to participate in a series of follow-up interviews. Of the 65 families who responded to the survey, 44 indicated an interest in being interviewed and from this pool, 16 families were ultimately selected using a sequential-purposive sampling technique (Patton, 1990). That is, the first eight families were selected using a criterion approach intended to ensure that the socio-demographic diversity of the overall group of families was reflected by those who were interviewed.⁶ Eight other families were subsequently selected using a theory-based purposive sampling technique (i.e., families were selected on the basis that their survey responses indicated that they could potentially offer further insights related to finding that were emerging from the existing data).

The interviews were intended as a means of intensively exploring issues arising from the surveys while being flexible enough to accommodate emerging issues and lines of questioning. To fulfill these aims the interviews were done using an interview guide approach (Patton, 1990). In most cases (68%), the interviews involved multiple adult members of the same family, usually two parents, and were conducted within the family home.

Trustworthiness and consistency. According to experts in qualitative methodology, the question of how well the results of a study match reality or the extent to which they capture what is really occurring (i.e., internal validity) can be addressed using a number of strategies alone or in tandem (e.g., triangulation, members checks, peer examination, pattern matching) (Merriam, 1988; Patton, 1990; Yin, 1989). Triangulation, perhaps the best known of these strategies, refers to the use of multiple sources of information, multiple data collection methods, and multiple investigators in collecting and/or analysing the resultant data (Patton, 1990). In the present investigation, triangulation of methods and data sources as well as triangulating analysts (peer review) were used to enhance internal validity. The adult family members who participated in the interviews provided multiple sources of data, while the survey, family interviews, and the researcher's field notes reflect the multiple data collection strategies that were used. Furthermore, the

⁵It should be noted that in addition to information standardly included in a cover letter (e.g., confidentiality), a request was made that multiple family members participate in completing the survey. To follow-up on this request, families were asked, via a survey question, who completed the survey. The results suggested that 68% of the surveys were completed by multiple family members, while 32% were completed by one individual (i.e., 26% by an adult female, 6% by an adult male).

⁶A series of analyses revealed that the interview group did not differ in any substantive way from the overall group of participating families. It should also be noted that similar analyses between survey respondents who indicated a willingness to be interviewed and those who did not revealed no differences between these two groups.

principal researcher was assisted in coding and analysing the data by an individual who was experienced in qualitative research (i.e., triangulating analysts).

While a priority to establish the study and its results as trustworthy, there was less concern about whether the findings would be reliable over time and would generalize to other families that include children with disabilities. Instead, paralleling the tenets of naturalistic research, the emphasis was on ensuring that the results were consistent with the data and the reader was given sufficient information should s/he wish to extrapolate the findings to other situations and settings (Lincoln & Guba, 1985). Following the recommendations of Yin (1989), these aims were achieved in the present study by using triangulation and providing a detailed accounting of the entire research process (audit trail).

Data Management and Analyses

Multiple strategies were required to manage and analyze the qualitative and quantitative data that were generated in this project. The closed-response format survey questions were entered into a spreadsheet (Excel) and analysed (descriptive statistics, cross tabulations, chi-square) using SPSS for the Macintosh. As noted by Patton (1990), the quantification of data in qualitative research is not considered unusual or unacceptable, however, use of the results in a manner that was not intended is a potential problem. In exploratory forms of research it is emphasized that the purpose of statistical analyses is to "get to know your data" in an effort to maximize what is learned (Hartwig & Dearing, 1979, p. 75). Drawing on these points, it should be noted that in keeping with the qualitative framework in which this study was grounded and its exploratory aims, the statistical analyses were not conducted for the purpose of offering inferences. Instead, they were used as a way of learning as much as possible about the participating families and the factors that influenced their patterns of family recreation.

The open-response survey data, the family interviews, and the researcher's field notes were transcribed into separate Microsoft word files on a Macintosh computer.⁷ Hypersoft, which is a hypercard based computer application, also was used to assist in analysing the qualitative data (Tesch, 1990). These data were read and re-read to identify preliminary key phrases and themes (Yin, 1989). A systematic or constant comparative method also was instituted, which utilized the preliminary themes as a basis for comparing, contrasting, and integrating emerging insights about family recreation (Strauss & Corbin, 1990). This process was adhered to until gaining convergent responses to the research questions of interest (Merriam, 1988).

⁷For a detailed explanation of the data analysis process please contact the first author.

Participating Families

Parents from 65 families including children with developmental disabilities shared their perspectives on patterns of their families' shared recreation. As can be seen in Table 2, the families were from diverse backgrounds (e.g., race/ethnicity, education, income). The average family, however, was of white/European ancestry, included two parents of the opposite sex who had at least some college education, held either full- or part-time employment outside the home, and earned less than \$45,000 per year.

Based on the number of children in each family, there was a considerable range in family size (i.e., one to eight children). Fifteen families (23%) included a child with a developmental disability and no other children. Six families (9%) had multiple children with developmental disabilities and no nondisabled children. Two of these families had two biological children; and four adoptive/foster families included three to seven children with developmental disabilities. Typically, however, the families ($n = 39$, 60%) included two or three children—one of whom had a developmental disability (mean family size = 2.44, $SD = 1.31$). Within these families, 17 of the oldest, 9 of the middle, and 13 of the youngest children had developmental disabilities.

Considering the children ($n = 150$) as a group, 74 had developmental disabilities (Mean age = 9.33, $SD = 3.99$) and 76 did not (Mean age = 9.08, $SD = 5.36$). The sex of the children without developmental disabilities was evenly split between boys ($n = 38$) and girls ($n = 38$). Of the children with developmental disabilities, 47 were boys ranging from age 2 to 19 (mean age = 9.47 years, $SD = 3.86$) and 27 were girls age 4 to 22 (mean age = 12.3 years, $SD = 4.97$). Five of these girls were siblings in one adoptive/foster family.

Based on information provided by parents about the nature of their child's disability, the children were grouped into six different categories.⁸ These categories included mental retardation ($n = 7$, mean age = 11.8 years, $SD = 3.9$), Down syndrome ($n = 14$, mean age = 8.36 years, $SD = 2.79$), cerebral palsy ($n = 11$, mean age = 10.8 years, $SD = 5.11$), severe multiple disabilities ($n = 8$, mean age = 7.33 years, $SD = 2.42$), developmental disabilities ($n = 22$, mean age = 8.18 years, $SD = 3.77$), and other (e.g., autism, fetal alcohol syndrome, brain injury, Rubenstein-Taybi Syndrome) ($n = 12$, mean age = 9.08 years, $SD = 3.84$).

In addition to using diagnostic labels, some families provided brief descriptions of their children's disabilities and others extended this by explaining the effect these had on their children's lives, including participation in

⁸Information about the nature of each child's disability was provided by their parents in response to the survey question: "Please describe the type(s) of disability your child(ren) has and any effect this has on their ability to participate in family recreation." Most parents responded with formal diagnostic information, while others added to this by describing their children's needs and/or functional abilities.

TABLE 2
An Overview of the Marital Status, Race/Ethnicity, Parental Education, Parental Employment, and Income of the Participating Families (N = 65)

Family Socio-Demographic Characteristics	Single Parent Families	Two Parent Families	No. Families	Most Often
<i>Race/Ethnicity</i>				
● White/European	9	35	44	*
● African American	3	2	5	
● Native American	1	3	4	
● Hispanic American	0	2	2	
● Asian American	1	1	2	
● Inter-Race/Ethnicity	2	6	8	
<i>Parental Education^a</i>				
● High School	6	6	12	
● Some Post High School	2	9	11	
● Technical College Diploma	2	3	5	
● College/University Degree	5	15	20	*
● Some Graduate School	0	6	6	
● Graduate/Professional Degree	1	8	9	
<i>Parental Employment</i>				
● 1 Full-Time (out of home)	5	4	9	
● 1 Full-Time (at home/unpaid)	4	0	5	
● 1 Part-Time (out of home)	3	2	5	
● 2 Full-Time (out of home)	0	16	16	*
● 1 Full-Time (out of home) & 1 Full-Time (at home/unpaid)	0	9	9	
● 1 Full-Time (out of home) & 1 Part-Time (out of home)	0	14	14	
● Other (retired, student, home business)	4	4	8	
<i>Income^b</i>				
● Under \$14,999	11	5	16	*
● \$15,000 to \$29,999	4	10	14	
● \$30,000 to \$44,999	1	14	15	
● \$45,000 to \$59,999	0	7	7	
● \$60,000 to \$74,999	0	3	3	
● Over \$75,000	0	6	6	

Note. The employment categories may appear redundant, however, they reflect the descriptions provided by the families. The number of families in each of the socio-demographic sections equals 65, with the following exceptions:^a Parental education (*n* = 63) and ^bIncome (*n* = 61).

family recreation. As would be expected, the children included in this study reflected a wide spectrum of functional abilities. In general, however, the children labeled by their parents as having cerebral palsy and severe multiple disabilities tended to have the most significant levels of disability (e.g., physical challenges, limited verbal and expressive language, high support needs in most facets of life).

Results

The two research questions pertaining to patterns of family recreation were used as a way of organizing the results of this investigation. Each question has been addressed by weaving together the findings derived from the 65 surveys and 16 interviews.⁹ Results of the cross-tabulations and follow-up chi-square analyses on the selected family (e.g., family composition, education, employment) and child (e.g., age, sex, birth order) characteristics are also presented in the context of this discussion.¹⁰

Who Participates in Family Recreation?

Responses to the survey question "who is involved in family recreation most of the time" provided a snap-shot of one aspect of pattern of participation. Four families described their shared recreation as most often involving immediate members of the family, as well as extended family members (e.g., grandparents, aunts). These families reported that most experiences occurred for short, but concentrated periods during the year (e.g., family holidays, summer weekends at the cabin), while individual recreation activities were the day-to-day focus. This was not, however, the prevailing pattern of family recreation.

The majority ($n = 61$) of the families in the study more frequently reported one of three basic patterns of participation in shared recreation. These included: (a) an all family pattern ($n = 11/17\%$) involving everyone within the immediate family; (b) a sub-unit (sub-group) pattern ($n = 29/45\%$), whereby small groups (e.g., children only, parents only, one parent and all of the children) within the family engaged in activities together; and (c) an equal combination pattern ($n = 21/32\%$), in which participation alternated between small group activities and those involving the entire family. As would be expected, however, this findings tended to differ according to the make-up of the family. Specifically, single parent households reported all family recreation as the usual pattern of involvement more often than two parent families. This was not surprising given that most of the single parent families included one to two children (mean size = 1.89), which, by

⁹In reporting the qualitative data the names of individuals have been changed to project their anonymity.

¹⁰In assessing the significance of the follow-up chi-square analyses the maximum likelihood ratio was considered. This is commonly reported instead of the Pearson chi-square statistic because it is less likely to be adversely affected by relatively small numbers of participants (Howell, 1992).

definition, made their shared recreation experiences similar to the sub-group (i.e., small clusters of family members) involvements that two parent households more frequently reported.

When single parent households were excluded, it became apparent that families including two parents engaged in similar frequencies of equal combination ($n = 19$, 29%) and sub-unit ($n = 21$, 32%) patterns of participation. In interviewing two-parent households that subscribed to the equal combination pattern, small group activities were predominantly described (4 out of 5 families) as the weekday version of family recreation, while the weekend version involved the whole family.

Every weekday morning I'm up and walking out the door when the rest of the family is just getting up. When I get home we balance getting what needs done—done . . . so family recreation during the week is pretty much mixed up with one of us doing the things that have to be done, and one of us trying to do something fun with the kids so they don't feel as though it's all work and no play. Weekends. Now that's another story. Weekends are family time—family recreation time. We try to do at least one activity together—all of us.

Overall, small group (sub-unit pattern) activities tended to dominate the family recreation experiences of the families in this study. These groupings typically involved one parent, most often mothers, in activities with their children with a developmental disability ($n = 54$ families) or all of their children ($n = 45$ families). Based on discussions with parents, it appeared that the sub-group pattern served two important functions. First, activities including small groups within the family appeared to be a *conscious strategy for ensuring that family recreation opportunities occurred* despite busy schedules and often competing demands (5 of 7 families).

Our weekdays are hectic. I work full-time, Mike works full-time, the kids go to school and daycare . . . so one of us tries to make sure that some part of every day is time for doing something fun with each of the kids. This isn't always something special. But just spending time with them individually is special for them.

Second, in families that described themselves as including children with more significant developmental disabilities (5 out of 16 families interviewed), parents noted that recreation involving small groups of family members was essential to making these *activities more manageable*.

The kids all have very different interests, abilities, and activities that they are into. Abilities are probably the biggest thing to get around though. To be perfectly honest, Jeremy needs so much care and attention that it is almost impossible to do things that involve more than say me, him, and maybe one of his older sisters. So doing smaller group things is really about making things work better for all of us.

A common theme connecting the two most often reported patterns of participation (i.e., sub-unit and equal combination) was that sub-groups within the family engaged in some type of shared recreation. The following section further explores this by considering which members of the family most often took part in these sub-unit involvements.

Participants in Sub-Unit Patterns of Family Recreation

As noted previously, the study participants represented a diversity of family compositions (i.e., 15 families included only a child with a disability; 6 had multiple children with disabilities and no children without disabilities; and 16 were single parent households). This diversity rendered some of the survey items pertaining to sub-group patterns irrelevant for some families. Most parents simply did not respond to items that were not applicable, and the researcher excluded some responses that were inappropriate or misleading (e.g., one parent families who checked "never" when provided with the response option "both parents, but no children"). Removing these types of responses was done in an effort to enhance the accuracy of the statistical analyses.

Adult only patterns. The first survey question asked, "who most often participates in family recreation involving two or more, but not all members of your family?" Families were presented with a number of closed response options (see Table 1, sample survey question 1). Apparent from analysing these data was that shared recreation experiences including only the adults were rare occurrences in most of the two parent families surveyed ($n = 49$). Approximately 68% reported "never" or "seldom" taking part in activities that did not involve other family members.

Commonly, the infrequency of the adult only pattern was described as one of the by-products of "raising children and keeping a household running" (quote from a survey). A large number of families (49% of the never/seldom) appeared to accept, although sometimes reluctantly, that the presence of children with and without disabilities decreased opportunities for interactions involving only the parents.

Just having a child, never mind a child with a disability, has changed our recreation . . . we used to be really active, but now we mostly do things revolving around our children. But I guess that's just the way it is when you have children.

A smaller proportion of two parent families ($n = 12$) reported spending "some of the time" in recreation involving only the parents. Six of the families interviewed were among this group of respondents. Based on their comments, these engagements were viewed with mixed emotions. On the one hand, they were described as important opportunities for strengthening parental partnerships and re-energizing:

Having time on our own to do the activities we enjoy is an important way to remind ourselves of why we got here in the first place (i.e., married with a child) and to just re-energize . . . cause if we aren't in a good place we can't be there for Christopher.

On the other hand, most families ($n = 5$) also indicated feeling guilty, at times, for participating in joint activities (i.e., parent-only) without the children.

Trying to find time to do things, just the two of us, is a constant struggle . . . what we try to do, at least once a week, is to meet at the Y after work. But doing this means that we don't get home till 7:30, sometime in there. Allison goes to bed

at 8:00 and Lana around 8:30—so we've made a choice not to see them after work and we've only seen them maybe for an hour in the morning. So that's what causes mixed feelings—we've made a choice to take some of the time we could spend with them for ourselves. It's also a priority for us to keep healthy . . . in the long run that's good for everybody . . . but we feel guilty at times and that's what makes things complicated.

Interestingly, there were significant differences among those who spent "some of the time" in adult-only activities according to their employment status. That is, families where one parent was employed full-time outside the home and one parent worked full-time at home (i.e., not paid) were found to spend "some of the time" in joint activities without the children significantly more often ($X^2 [18, N = 44] = 30.68, p < .03$) than those with other types of employment patterns (e.g., dual career, full-time/part-time outside the home). This issue was not specifically addressed in the open survey questions or the interviews. As such, the qualitative data did not produce any substantive themes that could help explain this finding. A parent from one of the families interviewed, however, offered an interesting possibility.

I'm at home all day taking care of household responsibilities and the two that aren't in school yet. There are times when I wonder if I can still carry on an adult conversation . . . you know, you end up talking in one word sentences . . . So for me, getting away from the house and the kids—getting a chance to do things with Alex (respondent's husband) is really important for me.

While most ($n = 38$) two parent families indicated that joint recreation was relatively infrequent, four suggested that activities involving only the parents occurred "most of the time." These four families included several children (2 to 4), one of whom was described by their parents as having a severe multiple or "other" (e.g., autism) type of developmental disability. Parents in these families engaged significantly more often in pursuits involving only the adults ($X^2 [15, N = 44] = 27.88, p < .02$). Other patterns of family recreation were described as problematic because of the amount of work and/or stress that recreation involving the children, specifically the children with developmental disabilities, incurred.

Our son has a lot of problems because of his disability . . . my wife deals with them all day and I work all day. So a lot of times it's just too much work or we just don't want to deal with the stress that comes with trying to do some kind of recreation with our son . . . we both need a break. So we spend as much time doing things together, without the children, as we possibly can.

Patterns involving one parent and one or more of the children. Taken as a whole, most of the families in this study did not spend a great deal of time engaging in sub-unit patterns of shared recreation involving only adult members within the family. More prevalent were situations where one parent and one or more of the children participated together. Within this category of sub-unit family recreation, three specific patterns predominated: (a) one parent and all of the children; (b) one parent and the child(ren) without a

disability, and (c) one parent and the child(ren) with a developmental disability. The frequencies reported in relation to each of these patterns are presented in Figure 1.

Child only patterns. From this figure it is apparent that activities involving only the children were least frequent overall (i.e., $n = 39$ "some/most of the time").¹¹ This varied, however, according to the birth order of the children with developmental disabilities. Activities involving only the children occurred least often when the eldest child had a disability ($X^2 [9, N = 44] = 18.18, p < .03$). Age, sex, and the total number of children in the family appeared to have no bearing on this relationship. The nature of the disability, however, seemed to be a contributing factor. Specifically, when the oldest child was described by their parents as having Down syndrome, mental retardation, or "developmental disability" they played with their siblings

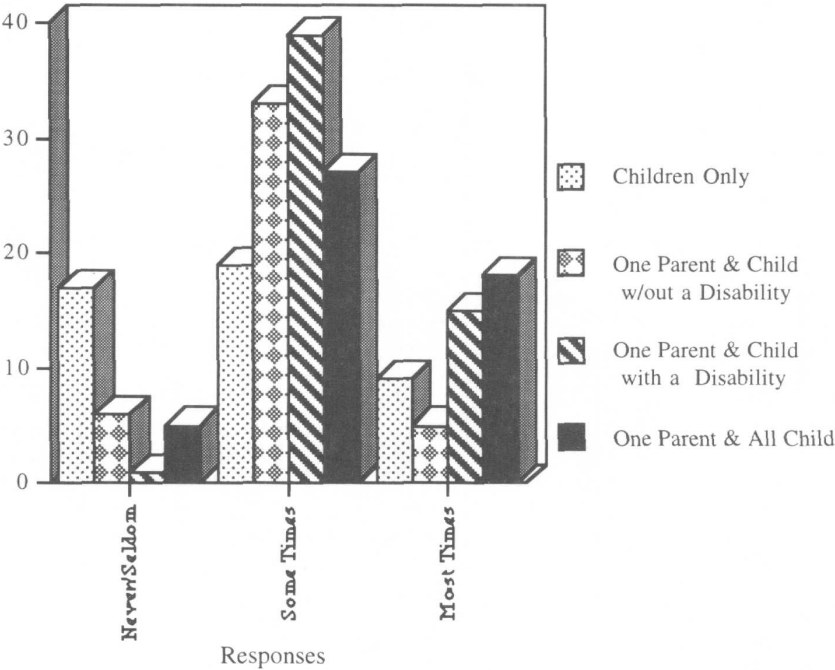


Figure 1. Frequencies according to how often various sub-groups within families participated in shared recreation.

¹¹It should be noted that families with only one child were not included in this figure or in the analyses involving this item.

more often than their counterparts with severe multiple disabilities, cerebral palsy, and autism ($X^2 [9, N = 44] = 24.33, p < .04$). Younger and middle children, independent of the nature of their disabilities, took part more frequently in shared activities involving only their brothers and/or sisters.

Examining the qualitative data did not produce any consistent themes that could help explain the apparent birth order and nature of disability effects on the frequency of activities involving only the children. Perhaps this stemmed from the fact that of the families interviewed, only one included a first born child with Down syndrome and only two had eldest children described as having severe multiple disabilities. Parents in these families, however, talked about the nature of their children's interactions with their siblings and in the process described possible reasons for the lower occurrence of activities involving only the children when the first-born child had a more significant disability.

Tim (a 9-year-old child with Down syndrome) is the oldest and he likes playing big brother to the hilt. The other two seem to play right along . . . so they end up spending a lot of time just entertaining each other . . .

David (a 9-year-old child with cerebral palsy, mental retardation, and limited expressive language skills) needs so much help doing even the simplest of things that it makes it really hard for him to play with the two little ones . . . they try to get him involved but they just aren't old enough or big enough to keep at it for very long. So most of the time play between the three just doesn't happen without one of us (i.e., parents).

From these comments it appears that children described by their parents as having more significant types of disabilities may interact less often with their younger sibling because of *skill deficits* (i.e., children in general being unskilled in initiating and receiving interactions) and *concerns about safety* (i.e., challenging behaviors resulting in unintentional, but nonetheless, harmful consequences for the younger nondisabled siblings).

One parent and children without disabilities pattern. Also evident from Figure 1 is that shared recreation including one parent and the children within the family, generally occurred more often than activities involving only the children. The least frequent parent/child pattern of participation was the one parent and the children without developmental disabilities sub-grouping (i.e., frequency = 38). A series of analyses did not indicate variations in this finding according to any of the family (e.g., family type, income) or child-specific (e.g., age, sex, birth order) characteristics. Furthermore, this pattern of involvement was not explicitly explored in the open response survey questions or the family interviews. As such, no recurrent themes were uncovered that could help explain the lower frequency of shared recreation including one parent and the child without a developmental disability. Although many explanations could be offered, one of the parents interviewed provided an interesting and intuitively sound possibility:

As much as I hate to admit it, you end up spending more time and focusing more on the one that's handicapped . . . sometimes it's really obvious when it

comes to doing recreation kinds of things. Cause, you know, the ones that aren't handicapped have friends that they go off and do things with, but the other one doesn't. So, sometimes you put off doing things one-on-one with the one who has other options and put time into the one that isn't going to get the chance anywhere else.

From this parent's comment, concerns about limited opportunities for recreation outside the family may have contributed to the lower frequency of engagements including one parent and their nondisabled child(ren).

One parent and all the children/children with disabilities patterns. Conversely, child-care concerns seemed to partially account for the popularity of the two most commonly reported sub-unit patterns of family recreation—one parent and all of the children ($n = 45$) and one parent and the child(ren) with a disability ($n = 54$). Ten of the families interviewed indicated that activities involving one parent and all of the children helped them avoid the need to find external child-care, and was a fun way to equalize attention.

Doing things with the whole crew is a convenient way of spending quality time with the kids without having to worry about whose looking after the ones not with me . . . making sure that everyone is getting the attention they need.

Activities engaged in by one parent and the child(ren) with a developmental disability often occurred when the nondisabled siblings were taking part in recreation activities individually or with friends, or when they were at school (i.e., child with a disability was the youngest). This assertion was generally supported when data on the birth order of the child with a developmental disability were visually examined. That is, when these children were the youngest in the family, taking part in activities with one of their parents was reported as the sub-unit pattern of participation occurring "most of the time" ($n = 15$).

Analyzing "how often" engagements involved one parent and the children with developmental disabilities, revealed that family income and type of household also influenced the frequency of this pattern of shared recreation.¹² Specifically, it appeared that families making less than \$29,999 per year more often noted that "most of the time" ($n = 23$) spent in sub-group family recreation included one parent and the child(ren) with developmental disabilities ($X^2 [4, N = 44] = 10.99, p < .03$). The frequency of this pattern of participation generally declined as family income increased (i.e., over \$30,000). The exception to this were families who earned between \$45,000 and \$59,999. Looking for possible explanations for this finding, parents employment status and educational backgrounds were examined, but did not reveal any further insights.

¹²These analyses were conducted only on the data provided by families with two or more children with and without developmental disabilities. This approach was used in an effort to enhance the accuracy of these analyses (e.g., minimize the possibility that significant findings were the result of having only one child).

Analyses involving the number of adults present in the household (i.e., type of household) suggested that single parents reported participating in activities involving one parent and the children with developmental disabilities significantly more often ($X^2 [4, N = 44] = 10.99, p < .03$) than two parent families. Initially, it was thought that this may partially explain the finding related to family income, but single parent households with two or more children represented a relatively small number of those ($n = 5$ of 26) in the under \$29,999 group.

In summarizing the preceding discussion of sub-unit patterns, it is apparent that adult-only and child-only recreation were the least frequent subgroup patterns engaged in by families in this study. More common were patterns involving one parent and either all of the children ($n = 45$) or the child(ren) with a developmental disability ($n = 54$), which suggests a strong child-centered orientation to family recreation among the study participants.

Where Does Family Recreation Transpire?

Two survey questions focused on where family recreation most often took place. One question addressed sub-unit involvements and the other considered engagements including all family members. Responses to these questions indicated that independent of who participated, most families ($n = 39/60\%$) believed that the majority of their recreation occurred with equal frequency in home and community settings. In contrast, a smaller number of families ($n = 19/29\%$) reported that most involvements took place at home, while even fewer ($n = 7/11\%$) noted the community was the site of most of their families' recreation. Furthermore, when asked (survey item) whether their answers would change depending on the time of year, close to 77% indicated that during the summer months family recreation occurred with greater frequency in community locations (e.g., public parks).

Family income introduced statistically significant variations in where shared recreation transpired ($X^2 [18, N = 61] = 24.19, p < .005$). Examining the differences between reported and expected frequencies (i.e., residuals) it appeared that families earning less than \$29,999 per year were more likely to participate in either home or community-based activities, but not a combination of both. Compared to other families, those making between \$30,000 and \$44,999 engaged most often in activities at home, and least often in community and/or an equal combination of places (i.e., home/community). Once income levels exceeded \$45,000, families almost exclusively reported "equal combinations of home and community" based shared recreation experiences.

Parental employment status also produced significant differences ($X^2 [18, N = 65] = 30.84, p < .029$). These findings suggested that when both parents were full- or part-time paid employees, they reported greater frequencies of "at home" and "equal combinations of community/home" involvements than did parents from other employment backgrounds. In families with traditional work patterns (i.e., full-time home-maker/full-time paid employee), activities in the community predominated.

Themes emerging from the qualitative data suggested several possible explanations for the relatively high frequency of non-home based activities engaged in by the families who participated in this study. Perhaps the most consistent of these themes, arising from the open survey ($n = 33$ of 65 families) and interview ($n = 12$ of 16 families) data, was that family recreation was less spontaneous than parents would have liked.

Planning, planning, planning. That's what it takes to get any family recreation activity going in our family—probably in any family with a kid with a disability. On the upside this is one way of making sure that everybody has a good time. On the downside, nothing is ever very spontaneous . . . so family recreation has a tends to get boring. Getting out of the house and doing things out in the community help to make things feel a little less routine, less predictable.

Instead of wanting to increase the spontaneity of shared recreation, other families ($n = 15$ families surveyed, 3 families interviewed), emphasized that the attraction of community-based activities lay in the opportunities they presented for providing changes in scenery:

Getting out of the house, even for a short while, gives me and the kids a big lift. We don't have to do anything really special, just getting that change in scenery can be a big thing deal.

Taking this notion a step further, single parent families ($n = 10$) often described the opportunity to socialize with other adults as strong motivation for involving the family in recreation outside the home.

We spend a lot of time at activities run by the Church and this parents of preschool children's group that goes on at the community centre. I see these activities as being good for the kids, but more to the point—I just need to get out of the house and have a chance to get some adult socialization . . . as much as I love my kids, there's just no substitute for the kind of conversations adults can share.

Bridging the two components used to describe patterns of family recreation (participants and location), the interview data also revealed that regardless of who participated, family recreation was almost exclusively informal and family initiated. That is, while families frequently participated in activities in community settings they were almost never formally structured or organized by external service agencies or individuals.

In conclusion, the present study revealed that the participating families' patterns of shared recreation primarily involved two or more, but not all, family members. These interactions were almost exclusively informal and occurred in a combination of home and community settings. Typically, mothers were the gate-keepers and organizers of these experiences.

Discussion

Parallels and Contrasts with Previous Research

Although constrained by the absence of research that has considered shared recreation in families that include children with disabilities, several

parallels and contrasts emerged to link the present study with previous investigations. In past research the prevailing pattern of family recreation has been described as most often involving several, if not all, family members (Holman & Epperson, 1984; Horna, 1989; Scheuch, 1960). Despite being unclear as to who these interactions involved, this pattern of family recreation appears to resemble the equal combination of sub-unit and all family involvements found in the present study. The equal combination pattern of participation, while frequently reported, was not, however, the most common among the participating families. Even when single parent households were excluded, rendering the sample more comparable to those considered in previous research, small groups of family members most often participated in shared recreation. Put another way, families in the current study usually engaged in recreation involving two or more, but not all family members.

Using family life-cycle as a predictor, a number of previous studies found that marriage and parenthood resulted in shifts from joint recreation (parent only) to child-centered family recreation patterns (Horna, 1989; Kelly, 1982). Family life-cycle was not considered a predictor variable in the current study; however, the findings were consistent with those previously reported. This consistency was particularly evident in the infrequency of activities involving only the adults and parents' assertions that this was a *by-product of raising children and keeping a household running*. Adding support to the notion that parenthood shifted recreation patterns, were the high degrees of participation in shared recreation by one parent and one or more of the children. Although not a primary focus of the present research, this finding also points to another consistency with past research. Specifically, the role of mothers as the parent most likely to engage in shared recreation (Horna, 1989).

In considering where family recreation transpired, previous research contends that family recreation usually occurs within the "home and includes some, although less frequent, activities in the surrounding neighborhood and community" (United Media, 1982, p. 40). More recent studies support this contention (Orthner & Mancini, 1990). The present work, conversely, revealed that independent of the family members involved, shared recreation most often occurred with equal frequency in home and community settings.

Additionally, in the present and in past research, the predominant location of family recreation was found to vary depending on the parents' employment status. In previous research, "home-focused" involvements were most frequent in families where parents had traditional work roles (i.e., on employed outside the home, and one full-time, unpaid, at home), while those with dual-careers usually were more "outer-focused" (United Media, 1982, p. 39). Within the current study, the opposite appeared to be the case. Specifically, when both parents were employed either full- or part-time outside the home, family recreation occurred with greater frequency at home and/or an equal combination of at home and in the community. In families with traditional work roles, activities in the community were the most common. Furthermore, most families noted that they increased their participation in community settings during the summer months. Shedding some light

on a possible explanation, a stay at home parent with a partner in the work force noted "taking part in activities in the community is an escape . . . home is where I work and everybody needs to get away from where they work." Beyond this clue, the limits of existing knowledge do not facilitate an understanding of the apparent discrepancies between the location of shared recreation in families that do not include children with disabilities and those that do.

Bringing together the two components that define patterns of family recreation, there were differences between past and present findings. These differences were apparent in terms of who predominantly participated in family recreation, where these interactions typically occurred, and the influence that parental employment status had on the location of family recreation. Similarities were also evident in that the presence of children, independent of disability, brought a strong child-centered focus to family recreation and that mothers were the primary participants in activities involving their children.

Methodological Considerations

While fulfilling the exploratory aims of the research, two limitations presented concerns that should be addressed in subsequent investigations. First, in the absence of previous literature pertaining to shared recreation in families that include children with disabilities and as a strategy for making the present research more manageable, the existing family recreation literature was used for comparative purposes. Although useful as a management tactic, this decision made it extremely difficult to offer meaningful comparisons between past and present findings. As a way of rectifying this concern, subsequent research should incorporate families who have children with disabilities and those that do not.

The second concern revolves around gaining more precise information about the nature of disability. In the present study, parents were asked to "describe the type(s) of disability your child has and the effects this has on his or her ability to participate in family recreation." Although some parents addressed the second half of this question, most provided diagnostic labels that did not clearly illuminate the influence of their children's disabilities on family recreation. In addressing this limitation, future questions need to specifically focus on the functional abilities of children with disabilities and their support needs within the context of family recreation.

Despite these concerns, the survey and interviews provided effective means for exploring the research questions of interest. Which provides support for the need to continue using multiple approaches to examining family recreation as it holistically occurs.

Avenues of Future Inquiry

The study of shared recreation in families that include children with developmental disabilities is in its infancy, which leaves many avenues for

ongoing inquiry. Building on the present study's focus on patterns of family recreation, future researchers should consider questions such as:

1. What are the most popular forms of family recreation?
2. What do families perceive to be the benefits of family recreation?
What are the benefits of family recreation for children with disabilities?
3. What constrains the ability of families to engage in family recreation?
What factors constrain the involvement of children with disabilities in these interactions?
4. Do individual family members have different perspectives on shared recreation (e.g., benefits, constraints) in families that include children with disabilities?
5. How does knowledge about family recreation in families that include children with disabilities relate to the delivery of community recreation and leisure services?
6. How do other systems (e.g., social, leisure services, other families) influence the recreation experiences of families and their individual members?

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